

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18982

**FILED**  
**Mar 10, 2014**  
**Secretary of State**  
**CC9524720427**

**Entity Name:** CHANTECLAIR OF PELICAN BAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER ROAD #4  
NAPLES, FL 34109

**Current Mailing Address:**

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

**FEI Number: 59-2836310**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NEWELL, WILLIAM A  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            LEARY, DANIEL  
Address        5920 CHANTECLAIR DRIVE  
City-State-Zip: NAPLES FL 34108

Title            VP, DIRECTOR  
Name            SKEHAN, GARY  
Address        5936 CHANTECLAIR DRIVE  
City-State-Zip: NAPLES FL 34108

Title            TREASURER, DIRECTOR  
Name            CULLMAN, JEFF  
Address        5949 CHANTECLAIR DRIVE  
City-State-Zip: NAPLES FL 34108

Title            SECRETARY, DIRECTOR  
Name            LYNCH, LORI  
Address        5932 CHANTECLAIR DRIVE  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            PERSONETTE, GARY  
Address        5904 CHANTECLAIR DRIVE  
City-State-Zip: NAPLES FL 34108

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DR. DANIEL LEARY**

**PRESIDENT**

**03/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date